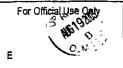
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

<u></u>			
1. File Number U - 5/69	2. Fiscal Year Covered From:		
,	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing,	Name, file number, and address of labor organization.		
Name John C Christing.	Name General TEAM STERS LOCAL 397		
	Labor Organization File Number 011-023		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 9 LINCOIN STreeT	Street 1344 FAST 11Th STREET		
city NOrTH EAST	City Enje		
State   PA   ZIP Code + 4   16428	State [PA ZIP Code + 4 16503		
5. Position in labor organization.  President			
A. Held an interest in, engaged in transactions (Including loans) with, or monetary value from an employer whose employees your organization. Name and address of Employer (Including trade name, if any).  Name	derived income or other economic benefit of ion represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.		
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street			
City			
State ZiP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed John C. Christina	On 7-8-05 814-454-1516  Date Telephone Number		

Name of Person Filing John Christina	File Number U-	<u>-</u> -,
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trace name, if any).  Name Western PA Teamsters & Employers Pension Find  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 49 Auto Way  City Pittsburgh  State Pennsylvania ZIP Code + 4 16206-3663	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer  11.a. Nature of such dealing.	
Name ( ***********************************		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		· · · · · · · · · · · · · · · · · · ·
City	Approximate dollar value of such dealing.      In the such dealing.  12.a. Nature of interest held or income received.	
State ZIP Code + 4 ZIP Code + 4	Reimbursement to Union Trustee or payment Parties for Union Trustee's expenses in c with participation in meetings and confer behalf of the Employer/Pension Fund.	onjunction
	12.b. Amount.	\$5,862
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above)	\$5,862
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant	er parts A and B above) or other thing of value.  14.a. Nature of payment.	
or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.  14.a. Nature of payment.  IN VEST MUNT MIANAGERS CON ST. CIBIR COUNTRY CLOB	
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or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name Deutsche Asset Management	er parts A and B above) or other thing of value.  14.a. Nature of payment.  IN VEST MUNT MIANAGERS CON ST. CIBIR COUNTRY CLOB	
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